

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF SOUTH CAROLINA

MICHAEL ANDRE LUNSFORD

[Enter the full name of the plaintiff in this action]

)) Civil Action No. 9:13-3547-DCN-BM  
)) *(to be assigned by Clerk)*

V.

SHERIFF AL. CANNON DET CENTER

**COMPLAINT**  
State Prisoner

*Enter above the full name of defendant(s) in this action*

## I. PREVIOUS LAWSUITS

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise related to your imprisonment? Yes        No  X  

B. If your answer to A is Yes, describe the lawsuit in the space below. If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.

1. Parties to this previous lawsuit:

**Plaintiff:** \_\_\_\_\_

Defendant(s): \_\_\_\_\_

2. Court:

(If federal court, name the district; if state court, name the county)

3 Docket Number:

4. Name(s) of Judge(s) to whom case was assigned:

## 5. Disposition:

(For example, was the case dismissed?Appealed? Pending?)

6. Approximate date of filing lawsuit.

7. Approximate date of disposition: \_\_\_\_\_

## II. PLACE OF PRESENT CONFINEMENT

A. Name of Prison/Jail/Institution: SHERIFF AL. CANNON DETENTION CENTER

B. What are the issues that you are attempting to litigate in the above-captioned case? CIVIL RIGHTS VIOLATIONS  
HEALTH HAZARD, MENTAL / PHYSICAL LANGUISH, NEGLECT, INHUMANE TREATMENT

C. (1) Is there a prisoner grievance procedure in this institution? Yes  No \_\_\_\_\_

(2) Did you file a grievance concerning the claims you are raising in this matter? Yes  No \_\_\_\_\_

When From June 2013 Till present Grievance Number (if available) ENCLOSED

D. Have you received a final agency/departmental/institutional answer or determination concerning this matter (i.e., your grievance)? Yes  No \_\_\_\_\_

E. When was the final agency/departmental/institutional answer or determination received by you? STILL RECEIVING NOTHING  
*If possible, please attach a copy of your grievance and a copy of the highest level decision concerning your grievance that you have received.*

F. If there is no prison grievance procedures in this institution, did you complain to prison, jail, or institutional authorities? Yes \_\_\_\_\_ No \_\_\_\_\_

G. If your answer is YES:

1. What steps did you take? \_\_\_\_\_
2. What was the result? \_\_\_\_\_

## III. PARTIES

*In Item A below, place your name, inmate number, and address in the space provided. Do the same for additional plaintiffs, if any.*

A. Name of Plaintiff: MICHAEL A. LUNSFORD Inmate No.: 1460931  
 Address: 3841 LEEDS AVE NORTH CHARLESTON, SC 29405

*In Item B below, place the full name of the defendant, his official position, and place of employment in the space provided. Use Item C for additional defendants, if any.*

B. Name of Defendant: Sheriff Al. Cannon Det. Center Position: Sheriff  
 Place of Employment: 11 11 11

C. Additional Defendants (provide the same information for each defendant as listed in Item B above):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## IV. STATEMENT OF CLAIM

State here, as briefly as possible, the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach an extra sheet if necessary.

IN THE MONTH OF JUNE 2013 I WAS INJURED FROM SLIPPING ON TILED CELL FLOOR DUE TO WATER LEAKING OUT OF SHOWER IN MASSIVE AMOUNTS. I HAVE COMPLAIN ABOUT THIS PROBLEM AS WELL AS OTHER INMATES TO THE STAFF AND TO THE COMMANDER(S) NOTHING IS EVER DONE. WORK ORDERS HAVE BEEN SUBMITTED BUT AFTER MANY TRY'S STILL NOTHING IS FIXED. I AM FORCED TO LIVE UNDER THESE UNSAFE AND HAZZARD CONDITIONS. I HAVE BEEN TREATED FOR A SPRAIN BACK MUSCLES TO MY LEFT SIDE LOWER BACK, MY ELBOW INJURED, MY WRIST INJURED, MY ANKLE SPRAINED. MY RIGHT ROTARY CUFF AND HAND. RIGHT EYE IS STILL BLURRY, I HAVE NERVE AND MUSCLE SPASMS IN LEFT ARM AND NO TIGHT GRIP IN LEFT HAND. I DID NOT GET TO GO TO THE HOSPITAL AND WAS PICKED UP FROM THE WET FLOOR BY NURSE STAFF IN MEDICAL UNIT "CCOH". I REFUSED NARCOTIC MEDICATION DUE TO ALLERGIC REACTIONS BUT WAS GIVEN OTHER MEDS FOR PAIN ICE, BANDAGES, ACE WRAPS AND WALKING CANE

I AM STILL BEING TREATED FOR CHRONIC BACK PAIN, HEADACHES ELBOW STILL IN PAIN AS WELL AS HIP JOINT. I AM 360 LBS. 43 YRS OLD X-RAY WAS TAKEN BY A CONTRACTOR X-RAY TECH - MS ALICIA. IN FEAR OF STAFF RETALIATIONS NOW. I HAVE ALSO CUT MY FOOT ON BUCKLED TILE FLOOR FROM WATER DAMAGED TILE. I HAVE SUBMITTED MANY GRIEVANCES ON THESE ISSUES, NO RESULTS. I WALK IN CELL IN FEAR EVERYDAY OF MY LIFE. ALL CELL SHOWERS HAVE SAME FAULTY DESIGNED THAT ALLOWS LARGE AMOUNTS OF WATER ON TILE FLOOR IN ALL SIX JAIL CELLS. SADLY THESE CELLS ARE ALL LOCATED IN THE MEDICAL UNIT." MEDICAL PROVIDERS "CCOH" HAS ALL MEDICAL RECORDS ON FILE. MY FAMILY HAS SOME ALSO. THIS IS MY COMPLAINT TO THE COURT. WATER STILL FLOODING TODAY. STAFF REVIEWED PROBLEM BUT STILL NOTHING. PLEASE HELP.

V. RELIEF

*State briefly and exactly what you want the court to do for you.*

I MICHAEL A. LUNSFORD would like the COURT to ADDRESS THESE FACTS AND FINDINGS WITH JUSTICE AND FAIRNESS AND AS THE PLAINTIFF I AM DEMANDING A TRIAL BY JURY IF STATUES ALLOW. SEEKING RELIEF IN DAMAGES FOR PHYSICAL BODY INJURYS, MENTAL/PHYSICAL ANGUISH, NEGLECT, NEGLECT TO PRESERVING RIGHTS AND DIGNITY, MAINTAINING UNSAFE JAIL OPERATIONS VIOLATIONS OF FACILITY REGULATIONS, POLICIES AND PROCEDURES AND UNKNOWN VIOLATIONS. PLAINTIFF IN DEMAND OF \$150,000.00 RELIEF AWARDED BY JUDGE OR JURY IN A U.S. COURT OF LAW OR AMOUNT SEEN FIT BY YOUR HONOR ACCORDING TO CAP STATUES

I declare under penalty of perjury that the foregoing is true and correct.

Signed this Friday day of November 28<sup>th</sup>, 2013.

Michael Lunsford

*Signature of Plaintiff*